

**Application Data Sheet****Application Information**

Application number::  
Filing Date:: September 30, 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form  
(CRF)?::  
Number of copies of CRF::  
Title:: HAIR-REMOVAL APPARATUS FOR PREPARING  
A HUMAN TORSO FOR THE USE OF AN AUTOMATED  
EXTERNAL DEFIBRILLATOR  
Attorney Docket Number:: AED-001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: Yes  
Latin Name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ellen Bartlett  
Family Name:: Wilson  
Name Suffix::  
City of Residence:: Quincy  
State or Province of Residence:: MA  
Country of Residence:: USA

Street of mailing address: 214 Rock Island Road  
City of mailing address: Quincy  
State or Province of mailing address: MA  
Country of mailing address: USA  
Postal or Zip Code of mailing address: 02169

Applicant Authority Type: Inventor  
Primary Citizenship Country: USA  
Status: Full Capacity  
Given Name: Jean  
Family Name: McTighe  
Name Suffix:  
City of Residence: Wellesley  
State or Province of Residence: MA  
Country of Residence: USA  
Street of mailing address: 28 Wellesley Avenue  
City of mailing address: Wellesley  
State or Province of mailing address: MA  
Country of mailing address: USA  
Postal or Zip Code of mailing address: 02482

### Correspondence Information

Correspondence Customer Number: 32836  
Name: Guerin & Rodriguez, LLP  
Street of mailing address:  
City of mailing address:  
State or Province of mailing address: MA  
Country of mailing address: US  
Postal or Zip Code of mailing address: 01752  
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**Representative Information**

Representative Customer  
Number:: 32836

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of  
mailing address::  
Country of  
mailing address::  
Postal or Zip Code of  
mailing address::